**Patient Dignity and Safe Patient Handling in SCI Units**

Gail Powell-Cope, Jason D. Lind
Tampa VA HSR&D/RR&D Center of Excellence, Maximizing Rehabilitation Outcomes
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## Project Summary/Abstract

Until the past decade, manually moving and transferring dependent patients was the standard of care. However, abundant current evidence suggests that, compared to manually moving patients, an ergonomic approach (based on risk assessment and the application of appropriate technologies results in positive outcomes for caregivers. Numerous studies documented that ergonomics-based approaches, resulted in significant decreases in the frequency and severity of musculoskeletal injuries among staff, and decreases in worker compensation costs for healthcare organizations. However, the benefits of safe patient handling for patients are less clear. Still, evidence is beginning to show improved patient outcomes such as improved functioning. Recent concerns have been raised in the VA Spinal Cord Injury system of care concerning the potential threat to the individual's sense of dignity due to use of safe patient handling technologies; particularly during transfers using overhead ceiling lifts with slings when using them for inpatient and outpatient tasks including hygiene, transport, ambulation in hall, and in physical therapy clinics.

Despite the frequent use of the term dignity (i.e. treating patients with dignity) the construct of dignity is complex and multifaceted. Matiti (2002) proposed 11 categories that together maintained patient dignity. For the purpose of this project we will employ a dual definition of dignity that includes "*the dignified self"* and "*dignity of the other*" (Haddock, 1996; Jacobson, 2007; Nordenfelt & Edgar, 2005). Self-dignity refers to feelings of self-worth, identity and a sense of control and autonomy (Haddock, 1996; M. Matiti & Sharman, 1999). Jacobson (2007) refers to "dignity of the other" as being experienced through social interaction; concerning the conveyance of worth onto others in a specific time and place. In this sense, dignity can be "lost or gained, threatened, violated or promoted" (p. 295). We will also employ Baillie's (2009) model of how patient dignity is affected by the hospital environment, staff behavior, and patient factors.

Because no research has been conducted on issues regarding patient dignity among veterans with spinal cord injuries who are transported with safe patient handling technologies, we propose a quality improvement project using qualitative, multiple case study design and grounded theory to describe the range of perceptions of dignity related to safe patient handling in seven VA SCI centers. To fully describe dignity, Centers will be chosen to maximize variations in patient handling injury rates and numbers of patient dignity-related complaints. The **goal** of this 2-year project is to provide empirical data to inform implementation of safe patient handling in SCI units across the VA in ways that preserve patient dignity.

***Objectives of this two-year multisite project using a multiple case study approach are to:***

**Objective 1:** Compare and contrast patient and staff perceptions of patient dignity surrounding safe patient handling in SCI.
Q1: How do patients and staff define dignity?
Q2: How do perceptions differ between patients and staff?
Q3: How do perceptions differ across settings including inpatient rooms, bathrooms, shower rooms, hallways, physical therapy, and outpatient clinics?
Q4: How does dignity related to patient handling compare and contrast to other patient care situations in which dignity is threatened?

**Objective 2:** Identify patient care handling tasks (including turning, bathing, transfer, wound care, transporting) and equipment (e.g. ceiling lift, floor based lift, lateral transfer device) that post threats to patient dignity.
Q1: What tasks and equipment are perceived as most and least threatening to patient dignity?
Q2: What patient, staff and environmental factors contribute to perceived risk?

**Objective 3:** Describe actions (including modification of task, equipment and environment) taken by nurses and patients to minimize and mitigate threats to patient handling related dignity.
Q1: What strategies do patients use to preserve their dignity?
Q2: What strategies do staff use to preserve patient dignity?